

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005406

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

219

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED FEB 27 1963

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph,</b>		c. CITY OR TOWN <b>Sedalia,</b>	
Length of stay in 1b <b>3 weeks</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1324 West 5th Street</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print): <b>THOMAS FREDERICK SEGERS</b>			4. DATE OF DEATH Month <b>February</b> Day <b>19,</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 1, 1889</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Wheel Supvr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pacific Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Carnesville, Georgia U.S.A.</b>	
13a. FATHER'S NAME <b>John Segers</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>Nell Mathes Segers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			17. INFORMANT Address <b>Mrs. Nell Mathes Segers-Sedalia, Missouri</b>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gastrointestinal hemorrhage</b> Peptic ulcer (probable)		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Myocardial infarction; pulmonary emphysema, severe</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour <b>10:00</b> a.m. p.m.	Month, Day, Year <b>2/10/63</b>	20f. CITY, TOWN, OR LOCATION <b>Sedalia, Missouri</b>	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Sedalia, Missouri</b>	
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21. I attended the deceased from <b>2/10/63</b> to <b>2/19/63</b> and last saw him alive on <b>2/19/63</b> Death occurred at <b>10:00 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>Donald Stoddard, M.D.</b>	22b. ADDRESS <b>902 E. Edmund St.</b>	22c. DATE SIGNED <b>2/20/63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 21, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) <b>Sedalia, Missouri</b>
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24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Feb. 26, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Wm. Clark Stoddard</b>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

USE BLACK INK

OR

TYPEWRITER RIBBON

Permit issued 2/19/63

MAR 13 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 4679

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.